12030760471

STATEMENT OF

FORM 1		ORGANIZ	ATION	Ì	RECEIV!
				2012	Affica Use AM 11:01
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	MAIL CENTER
PACPLUS	, 		 		
	<u> </u>		<u> </u>	<u> </u>	
ADDRESS (number a	and street)	268 Bush Stre	et Unit 4409	<u> </u>	
(Check if address		San Francisco		<u> </u>	94104 , 3503 ,
is changed	,	SaliFialicisco			94104 _ 3503
			CITY	STATE	ZIP CODE
COMMITTEE'S E-M/	AIL ADDRES	SS (Please provide only one e			
(Check if	address	lisa@pacplus	sorg	للللللل	
is change					
COMMITTEE'S WEE	B PAGE ADI	DRESS (URL)			
		www.pacplus	org	11111	
(Check if address is changed)					
2. DATE 03	3 ′ 19	° ′ 2012			
3. FEC IDENTIFIC	CATION NU	JMBER C			
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have	examined th	is Statement and to the bes	t of my knowledge and belief i	t is true, correct	and complete.
Type or Print Name	of Treasure	Lisa Le			
Signature of Treasur	er <u>C</u>	to de		Date 03	′ 19° ′ 20′12
NOTE: Submission of			may subject the person signing ION SHOULD BE REPORTED W		the penalties of 2 U.S.C. §437g.
Office Use			For further Information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

F	EC Fo	m 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name Candi			
Candi Party	idate Affiliatio	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	mittee:	
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	onnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	·
(f)	\times	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Com	mittees Participating in Joint Fundraiser	
	00111		
	1.	TEO ID HUIIDE C	
	2.	FEC ID number C	
	3.	FEC ID number C	
	4.	FEC ID number C	

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	FEC Form 1 (Revised 02/20)	09)	Page 3										
	Write or Type Committee Name		9										
	PACPLUS												
 6.		ization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor										
	name or my common engan	,											
L			<u> </u>										
L													
	Mailing Address												
	[]												
			. -										
CITY STATE ZIP CODE													
	Relationship: Connected Orga	anization Affiliated Committee Joint Fundraising Representative Leade	ersnip PAC Sponsoi										
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. 													
	Full Name Lisa Le												
	Mailing Address	Montgomery Street Suite 2310	11-1-1-1-1-										
	ـــا												
	<u> S</u>	an Francisco CA 94104											
	Title or Position	CITY STATE ZI	P CODE										
	Treasurer	Telephone number [415] - [541	[9028										
3.	Treasurer: List the name and add any designated agent (e.g., assist	dress (phone number optional) of the treasurer of the committee; and the name ant treasurer).	and address of										
	Full Name of Treasurer												
	Mailing Address 42	Montgomery Street Suite 2310											
	L		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
	<u> Si</u>	an Francisco CA 94104	4711 CODE										
	Title or Position	1/15 15/1											
	Treasurer	Telephone number [4]5_] - [541											

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Name of Bank, Depository, etc.

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STATE

ZIP CODE

CITY

PREPARER

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping, Date Overnight Delivery Service (Specify): Fed & Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED